



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
CLOCK HOUR TRAINING APPROVAL REQUEST

TRAINER INFORMATION

NAME OF TRAINER	TELEPHONE NUMBER ()
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
E-MAIL	
IS THIS TRAINER REGISTERED WITH OPEN ? <input type="checkbox"/> Yes <input type="checkbox"/> No	

AGENCY INFORMATION

NAME OF SPONSORING AGENCY	TELEPHONE NUMBER ()
CONTACT PERSON	
AGENCY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	

TRAINING INFORMATION

TITLE OF TRAINING							
TOTAL CLOCK HOURS (CLOCK HOURS DO NOT INCLUDE BREAKS OR MEAL TIMES)	DATE(S) OF TRAINING (ENTER 'REPEATED EVENT' IF THIS TRAINING IS ONGOING THROUGHOUT THE YEAR, OR AVAILABLE ON REQUEST)						
LOCATION(S) OF TRAINING (INCLUDE STREET, CITY AND ZIP CODE)							
TARGET AUDIENCE (PLEASE CHECK ALL THAT APPLY) <table border="0"><tr><td><input type="checkbox"/> Director/Administrator</td><td><input type="checkbox"/> Infant/Toddler teachers and caregivers</td></tr><tr><td><input type="checkbox"/> Preschool teachers and caregivers</td><td><input type="checkbox"/> Family child care providers</td></tr><tr><td><input type="checkbox"/> School age child care teachers and caregivers</td><td><input type="checkbox"/> Staff (content not applicable to child's age)</td></tr></table>		<input type="checkbox"/> Director/Administrator	<input type="checkbox"/> Infant/Toddler teachers and caregivers	<input type="checkbox"/> Preschool teachers and caregivers	<input type="checkbox"/> Family child care providers	<input type="checkbox"/> School age child care teachers and caregivers	<input type="checkbox"/> Staff (content not applicable to child's age)
<input type="checkbox"/> Director/Administrator	<input type="checkbox"/> Infant/Toddler teachers and caregivers						
<input type="checkbox"/> Preschool teachers and caregivers	<input type="checkbox"/> Family child care providers						
<input type="checkbox"/> School age child care teachers and caregivers	<input type="checkbox"/> Staff (content not applicable to child's age)						

List the core competency areas of this training below in half hour increments

Clock Hours	Core Competency	Clock Hours	Core Competency
	Child/Adolescent Growth and Development		Health, Safety, and Nutrition
	Learning Environment and Curriculum		Interactions with Children
	Child/Adolescent Observation and Assessment		Program, Planning, and Development
	Families and Communities		Professional Development and Leadership

Check the training level(s) that apply

<input type="checkbox"/>	Level 1 - New to the field with little or no specialized training.
<input type="checkbox"/>	Level 2 - Knowledge and skills equal to Child Development Associate, Youth Development Credential, a certificate in child development, or equivalent training/education.
<input type="checkbox"/>	Level 3 - Knowledge and skills equal to Associate Arts Degree in Early Childhood Education, Child/Adolescent Development, or related field.
<input type="checkbox"/>	Level 4 - Knowledge and skills equal to a Bachelors Degree in Early Childhood Education, Child/Adolescent Development, or related field.
<input type="checkbox"/>	Level 5 - Knowledge and skills equal to an advanced degree in Early Childhood Education, Child/Adolescent Development, or related field.



	CDA Subject Area		CDA Subject Area
	I. Safe, Healthy Learning Environment		V. Program Management
	II. Physical & Intellectual Competence		VI. Professionalism
	III. Social & Emotional Development		VII. Observing & Recording Behavior
	IV. Relationships with Families		VIII. Child Growth & Development

This should include a brief description of the learning objective(s), content areas covered, materials used, and training methods (i.e. - demonstration, small-group discussion, role-playing, etc). You may attach more information if needed.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There is a vertical margin line on the left side, creating a narrow left margin. The paper appears to be from a notebook or a standard ruled document.

MO 580-2975 (12-09)



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TRAINING AGREEMENT

- ☐ I attest that the content of this training is in alignment with the Missouri Child Care Statutes/Regulations.
- ☐ I attest that the submitted request accurately reflects the training content and that the training will be presented as it was submitted.
- ☐ I understand that if I make a substantial change to this training, I must submit a new training approval request.
- ☐ I understand that I may not advertise 'approved clock hour training' until the training has been approved by the Section for Child Care Regulation.
- ☐ I understand that the certificate must reflect the actual number of clock hours that content was delivered.
- ☐ I understand that, as the trainer, I am responsible for the clock hour training certificates for participants and will keep documentation of attendance.
- ☐ I understand that a training certificate may not be given to anyone who does not attend the full training.
- ☐ I understand that I may not endorse or promote the sale or use of a specific product as a part of the training.
- ☐ I understand that violation of any of the above statements will nullify the training approval.
- ☐ I understand that the Section for Child Care Regulation may access my documentation of approved training clock hour events.
- ☐ I understand that the Section for Child Care Regulation may randomly monitor approved clock hour training events.

TRAINER'S SIGNATURE

DATE

OFFICE USE ONLY

REVIEWED BY

DATE

APPROVED

NOT APPROVED

DATE NOTIFICATION SENT

REASON FOR DEFERRAL/SUGGESTIONS FOR REVISIONS TO MEET LICENSING REGULATIONS: